

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name City of San Jose Division, Department, or Region (if applicable) Council District 9 Designated Agency Contact (Name, Title) Donald Rocha, Councilmember Area Code/Phone Number E-mail 408-535-4909 district9@sanjoseca.gov		RECEIVED Date Stamp San Jose City Clerk OTC MK 2018 MAY -8 AM 10:46 <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$327.00 / \$125.00

Event Description: Sharks v. Knights Date(s) 05 / 02 / 18

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Jose Arena Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Rocha, Donald
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rocha, Donald	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Goings, Shirley	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Branham High School 1570 Branham Ln, San Jose, CA 95118	20	To honor Branham HS for providing 50 years of challenging education, athletic and community focused programs.

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee	Don Rocha Print Name	Councilmember Title	5/8/18 (month, day, year)
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Comment: _____